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FEB 25 2002  
JC48

APPLICATION NUMBER	FILING RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/990,702	11/09/2001	Keith W. Diveley	020375-004010US

20350  
 TOWNSEND AND TOWNSEND AND CREW  
 TWO EMBARCADERO CENTER  
 EIGHTH FLOOR  
 SAN FRANCISCO, CA 94111-3834

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CONFIRMATION NO. 4413

FORMALITIES LETTER



\*OC00000007172795\*

*Response Due* 2-7-02 MNC

Date Mailed: 12/07/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

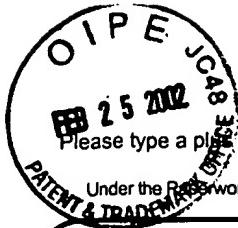
An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice MUST be returned with the reply.*

*[Signature]*  
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 PART 1 - ATTORNEY/APPLICANT COPY

02037507102  
 060066038 201450  
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PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0034

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/990,702
		Filing Date	November 9, 2001
		First Named Inventor	Keith W. Diveley
		Group Art Unit	2161
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	020375-004010US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Required copy of Notice to File Missing Parts
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Darin J. Gibby, Reg. No. 38,464	
Signature		
Date	2/6/02	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **2-6-02**

Typed or printed name	Connie Larson	Date	2-6-02
Signature			

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DE 7061747 v1

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**FEES TRANSMITTAL  
for FY 2001**

*Patent fees are subject to annual revision.*

**TOTAL AMOUNT OF PAYMENT** (\$ 130)

<i><b>Complete If Known</b></i>	
Application Number	09/990,702
Filing Date	November 9, 2001
First Named Inventor	Keith W. Diveley
Examiner Name	
Group Art Unit	2181
Attorney Docket No.	020375-004010US

METHOD OF PAYMENT				FEE CALCULATION (continued)			
1. November 9, 2001	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:			3. ADDITIONAL FEES			
Deposit Account Number	20-1430			Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
Deposit Account Name	Townsend and Townsend and Crew LLP			105	130	205	65
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				127	50	227	25
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				139	130	139	130
2. <input type="checkbox"/> Payment Enclosed:				147	2,520	147	2,520
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				112	920*	112	920*
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
101	740	201	370	Utility filing fee			
106	330	206	165	Design filing fee			
107	510	207	255	Plant filing fee			
108	740	208	370	Reissue filing fee			
114	160	214	80	Provisional filing fee			
SUBTOTAL (1)				(\$)			
2. EXTRA CLAIM FEES							
Total Claims	-20**	Extra Claims	Fee from below	Fee Paid			
Independent Claims	-3**						
Multiple Dependent		X					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim, if not paid			
109	84	209	42	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$)			
The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.							
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)			

"or number previously paid, if greater: For Reissues, see above

SUBMITTED BY					Complete (if applicable)
Name (Print/Type)	Darin J. Gibby	Registration No. (Attorney/Agent)	38,464	Telephone	303-571-4000
Signature				Date	2/6/02

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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